

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/941731
APPLICANT(S)

FILING DATE

5-15-04

CLAIMS

--	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1			
3						
4			1			
5			3			
6			3			
7			3			
8			3			
9			3			
10			1			
11			1			
12			3			
13			3			
14			3			
15			3			
16			3			
17			3			
18			3			
19			3			
20			3			
21			1			
22			1			
23			3			
24			3			
25			3			
26			3			
27			3			
28			3			
29			3			
30						
31			1			
32			1			
33			3			
34			3			
35			3			
36			3			
37			3			
38			3			
39			3			
40			3			
41			1			
42						
43			1			
44						
45			3			
46			3			
47			3			
48			3			
49			3			
50			3			
TOTAL IND.			7			
TOTAL DEP.			129			
TOTAL CLAIMS			136			

5-15-04					
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52			3		
53			1		
54			1		
55					
56			3		
57			3		
58			3		
59			3		
60			3		
61			1		
62					
63					
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97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					